FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	100CC I C	1111		
COMMITTEE NAME (Must be same as on Statement of Organ	ization)			
Pat Brooks for Co. Supervisor			FORM	
MPORTANT: Indicate by # type of committee you are reporting for:	5 1		DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2 (4)County Central Committee (5)County Candidate (6)City Candid	State PAC (3)State Party	.	(Rev. 12/2009)	REPORT
Subdivision Candidate(8)County PAC(9)City PAC(10)School Bo	ate(/)School Board or Other Politica pard or Other Political Subdivision PAC		For Office Use On	ly .
11) Local Ballot Issue			Comm. #	
CANDIDATE COMMITTEES ONLY: Candidate Name	Delitical Destricts and track to		Logged In	
Patrick Brooks	Political Party (if applicable)		Scanned	
Office Sought	Democrat	1 1	Computer	
Marshall County Supervi	District (if Senate or House)		Audited	
ate reports are subject to possible civil and criminal penalties. Pursi andidate's committee, and the chairperson, for any other type of con-	uant to Iowa Code sections 68B.32A mmittee, is the individual responsible		timely and accura	te reports.
	641-753-9134		Oct./5	, 2010
GNATURE OF PERSON FILING REPORT Patrick Brooks	TELEPHONE		DATE S	GNED
AM FILING A October 19	PEDODT FOR (4) ELECTION	//2\NON	ELECTION VE	
(report date)	Indicate by:		EKINEN KINNI LEV	AK.
CHECK IF AMENDMENT TO REPORT DATED	•	" U		
JOHEON II AMENDMENT TO NEFONT DATED		Local Cor	nmittees, enter Dat	te of Election
Check if this is final (termination) report and attach Notice of	Dissolution Form DR-3.	No	v. 2, 20 Local Committees,	10
(You must continue to file reports until a DR-3 is filed.)			ction is held	enter County in
		Ma	rshall	
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first	sh on hand at the end	\$	100.0	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below)		1 280 0	n
Schedule F: Loans Received total (Attach Schedule F)		5 100 00	<u> </u>
Schedule H: Total Sales of Campaign Property (Attack				
(Schedule H applies to Candidates' Commi			 , . ,	
		\$	6,380.00)
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		🔻		in the state of th
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans below)		4.051	96
Schedule F: Loan Repayments total (Attach Schedule	•			
ASH ON HAND at the end of this reporting period (if final report				
UNPAID BILLS (From Schedule D - Attach Schedule D)		-		-
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	•			
OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	\$		00.00
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES _XX_	NO
ANDIDATE COMMITTEES ONLY:				
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	Schedule H)	\$	120.00	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Pat Brooks for Co. Supervisor	AWENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK#			\$	
8-5-10	ID# CK#	Marshall County Democrats 112 West Main St., Marshall-	none	1,000.00	
8-12-10	ID# CK#	town, Iowa Katherine B. Sinning 1708 Brookside Rd. Marshalltown, Ia 50158	none	75.00	
9-0 3 -10	CK#	Billand Nancy Earney 1003 West Church Marshalltown, Ia 50158	none	50.00	
9-21-10	ID# CK#	Frederick G. Wyngarden 403 Brentwood Rd Marshalltown, Ia 50158	none	30.00	
9-28-10	ID# CK#	Curtis and Joan Loney 1814 Edgebrook Dr. Marshalltown, Ia 50158	none	25.00	
10-03-10	ID# CK#	Ron Nauman 1001 West State St. Marshalltown, Ia 50158	none	100.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	-		SUB-TOTAL		

TOTAL (if last page of this schedule)

Page / of / (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Pat Brooks for Co. Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
	ID#	USPO		
8-30-10	CK#	309 East Linn Marshalltown, Ia 5015	stamps 8	\$ 44.00
	ID#	Cartor Printing Co. T.	D	
9-02-10	010#	Carter Printing Co. In 1739 E. Grand Ave Des Moines, Ia 50316	c. Printing campaign material	659.32
	ID#	Staples		
9-03-10	CK#	27 West Berle Rd. Marshalltown, Ia50158	envelopes and mailing labels	117.61
	ID#	USPO		
9-04-10	CK#	309 East Linn Marshalltown, Ia 5015	stamps 8	1,000.00
	ID#	Carter Printing Co. In	с.	
9-07-10	CK#	1739 E. Grand Ave Des Moines, Ia 50316	Printing Campaign Material	321.18
	ID#	Minute Man Copy		
9-13-10	CK#	101 South 1st St. Marshalltown, Ia 50158	copy material	42.80
	ID#	บร P0		
9-21-10	CK#	309 East Linn Marshalltown, Ia 50158	stamps	44.00
	ID#	Minute Man Copy		
9-23-10	CK#	101 South 1st St. Marshalltown, Ia 50158	copy material labels	24.40
			SUB-TOTAL	\$2,253.31
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 Ĺ	of	~>

FOR INSTRUCTIONS, SEE BACK OF FORM

at Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: MOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PAT BROOKS FOR CO. SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-29-10	ID# CK#	Times-Republican 135 West Main St. Marshalltown, Ia 5015	newspaper Campaign ads	\$ 790.80°
9-29-10	ID# CK#	Marshall County Sun 108 West Main St. Marshalltwwn, Ia50158	newspaper Campaign ads	108.00
9-29-10	ID# CK#	Mid-Iowa Enterprize 130 Main St. W. State Centær, Ia50247	newspaper Campaign ads	105.00
10-01-1	ID#	USPO 309 East Linn St. Marshalltown, Ia 5015	8 stamps	56.00
9-07-10	ID# CK#	Wells Fargo 102 South Center St. Marshalltown, Ia 5015	Checking account Service fee and 8 sales tax total	2.68
10-5-10	ID# CK#	Minute Man Copy 101 South 1st St. Marshalltown, Ia 5015	copy & printing 8	11.24
10-5-10	ID# CK#	Minute Man Copy 101 South 1st St. Marshalltown, Ia 5015	copy & printing 8	1.57
10-6-10	ID# CK#	Marshalltown Broadcast Inc., 123 W. Main Marshalltown, Ia 50158	radio ads	384.00
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 1,459.29 \$

THIS BOX APPLIES TO CAMBIDATES' COMMETTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A-402(3)(i).)

Page _ 2 _ of _ 3

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PAT BROOKS FOR CO. SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-6-10	Oldr	USPO 309 East Linn St. Marshalltown, Ia 5015	stamps 8	\$ 140.00
10-12-10	CK#	Farm Bureau Spokesman 406 Stevens Iowa Falls, Ia 50126	ad	132.68
10-06-10		Wells Fargo 102 South Genter Marshalltown, Ia 50158	Checking acct. servious fee and sales tax total.	ce 2.68
10-12-10	CK#	USPO 309 East Linn St. Marshalltown, Ia 501	stamps 8	56.00
9-03-10	ID# CK#	Wells Fargo 102 South Center Marshalltown, Ia 5015	bank service charge 8	8.00
	ID# CK#			
	ID# CK#			:
	ID# CK#		-	

SUB-TOTAL

\$339.36

TOTAL (if last page of this screenue)

\$4,051.96

THIS BOX APPLIES TO CANDIDATES' COMMETTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM		
RESET	SCHEDULE	
COMMITTEE NAME(Must be same as on Statement of Organization)	F	LOANS
Pat Brooks for Co. Supervisor	(Rev. 02/08)	RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.	CHECK	THIS BOX IF
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$none		

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, ff Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
9-02-10		candidate loa 50158	\$ n \$2,500.00
9-07-10	Loan to campaign committee by candidate. Patrick W. Brooks, 611 Jerome St., Marshalltown, Ia 50158	candidate loan	\$2,500.00
7–15–10	Loan to campaign committee to open campaign account at Wells Fargo. Patrick W. Brooks, 611	candidate loan	\$100.00
	Jerome St., Marshalltown, Ia 501	58	

TOTAL (PART I)

\$5.1 00.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL	CASH	REPAYMENTS	(PART II)
-------	-------------	-------------------	-----------

\$ none

From Schedule E - TOTAL LOANS FORGIVEN

\$<u>none</u>

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$5,100.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page _____ of _____

FOR	INSTRUCTIONS.	SEE BACK O	E EODM

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

PAT BROOKS FOR CO. SUPERVISOR

SCHEDULE

H
(Rev. 02/08)

CAMPAIGN
PROPERTY

ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.

JCHECK THIS BOX IF AMENDING FORM

_ Pages

(For Schedule H)

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Burton Di Turin		Current Value at Fair Marke This Report		
9-04-10	stamps	\$120.00	\$1 20.00		
		·			

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1 20.00

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

æ	¥				
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					

en e	TOTALS	<u>\$-0-</u>	\$_	-0-
** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$_ (Attach Additional Schedules if Needed)	no.	ne		
	D.		. ,	_

^{*} If estimated, show est. beside figure.